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ABSTRACT

The practicum was designed to determine if teachers' skills in the area of hyperactivity management could be significantly increased by providing a series of in-service training workshops. The training program was aimed at increasing knowledge about the causes of, and programs associated with, hyperactivity, and also at promoting feelings of competence on the part of the teachers in managing these students in the classrooms. A series of six workshops were implemented in a parochial school over a period of 3 months. Two teachers in each grade (1-8) and several special subjects teachers attended the bimonthly workshops. Results of the workshops indicated a significant increase in the terms of knowledge and perceived level of competence and increased skills in the area of hyperactivitiy management on the part of the teachers. At least 80% of the participants reported feeling more capable of handling hyperactive students and 90% indicated that they were more aware of the needs and problems of these children. Project needs assessment and evaluation forms are appended. (CL)

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A Teacher Training Program
for the Management
of Hyperactive Children

Early Childhood Program in Candidacy
for the Degree of
Doctor of Education

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NOVA UNIVERSITY

A Teacher Training Program for the Management of Hyperactive Children

Early Childhood Program in Candidacy
for the Degree of
Doctor of Education

by
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Cluster 16
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Abstract

A Teacher Training Program for the Management of Hyperactive Children. Lopez, Gil, 1984: Practicum I Report, Cluster 16-Florida, Nova University Ed.D. Program in Early Childhood.
Descriptors: Hyperactivity/Teacher training.

This practicum was designed to determine if teachers' skills in the area of hyperactivity management could be significantly increased by providing a series of in-service training workshops. The training program was aimed at increasing knowledge about the causes and problems associated with hyperactivity, and promoting feelings of competence on the part of the teachers in managing these students in the classroom.

A series of six workshops were implemented in a parochial school over a period of three months. Two teachers in each grade (1-8) and several special subjects teachers attended the bimonthly workshops.

Results of the workshops indicate that there was a significant increase in terms of knowledge and perceived level of competence and increased skills in the area of hyperactivity management on the part of the teachers.

At least 80 percent of the participants reported feeling more capable of handling hyperactive students and 90 percent indicated that they were more aware of the needs and problems of these children.

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TABLE OF CONTENTS

Page

TITLE PAGE 1

ABSTRACT 2

TABLE OF CONTENTS 3

Chapter

I INTRODUCTION 5

Author's Work Setting, Role and Responsibilities 5

II STUDY OF THE PROBLEM 7

Description of the Problem 7
Evidence of the Problem 8
Review of the Literature 10

III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS 14

Statement of General Goals 14
Terminal Performance Objectives . . . 15
Evaluation Instruments 17

IV SOLUTION STRATEGY 19

Possible Alternative Solutions. . . . 19
Description of Action Taken 21
Calendar of Activities 24

V RESULTS, CONCLUSIONS AND RECOMMENDATIONS . 25

Presentation and Analysis of Results. 25
Conclusions 31
Recommendations 31
Dissemination 33

REFERENCES 34

Page

Appendices

A: TEACHER REFERRAL FORMS 40

B: NEEDS ASSESSMENT 41

C: EVALUATION INSTRUMENTS 42

Chapter I

Introduction

Author's Work Setting, Role, and Responsibilities

The work setting for this practicum was St. Kevin Catholic School which was a private parochial institution located in the Southwest section of Dade County, Florida with a predominantly professional middle class Hispanic population.

The school was built in 1980 under the auspices of the Archdiocese of Miami and its population consisted of 600 students from Kindergarten through eighth grade.

The school had two classrooms for each grade and one teacher assigned to each of the classrooms. Class sizes were rather large averaging 35 or more students. There were no regular assistants assigned to the teachers except for a small number of parent volunteers who worked with certain teachers a few hours per week. Classroom size called for exceptional classroom management skills on the part of the teachers, who frequently became overwhelmed with tasks and paperwork.

Given the setting's idiosincracies, it became clear that hyperactive children quickly became difficult to

manage and rather frustrating to a faculty that was already taxed with large classrooms.

St. Kevin had an ethnically mixed faculty of Hispanic and Anglo teachers (50-50 percent), who had a minimum of one year teaching experience and maximum of seven. All of them held a Bachelor's degree in Education and two had Master's degree. The age range of the faculty was from 23 through 37 years of age.

The author's role in this work setting was that of a School Psychologist and psycho-educational consultant. His major responsibilities included the following:

1. Member of a staffing committee in charge of selecting and/or screening children that need a psycho-educational evaluation.

2. Conduct psycho-educational evaluations and give diagnosis along with specific psycho-educational recommendations for teachers and parents to implement.

3. Identify needs for in-service training for teachers and develop methods and techniques to meet their needs.

4. Develop workshops for parents.

5. Coordinate community resources and referral network.

Chapter II

Study of the Problem

Description of the Problem

Many teachers at St. Kevin School had reported difficulties in the effective classroom management of hyperactive children. Their reports regarding these children were based on behaviors such as overactivity, restlessness, disruption of the class, inattentiveness, poor self-control, talking out, out of seat, and off task behaviors. It should be noted that most of the students reported by the teachers had a previous history of the above mentioned behaviors and had been diagnosed medically or psychologically as hyperactive. The teachers appeared to be frustrated due to the chronic disruptions in their classrooms, thus, having to spend an inordinate amount of time controlling the situation. The other students were also frustrated due to the disruptions which adversely affected the learning climate of the class, resulting in less instructional time and increased teacher fatigue. The management of large classrooms at St. Kevin (over 35 students per teacher) seemed to be aggravating the behavior problems of hyperactive and overactive children who are easily distractable. In addition,

the demands of these students on the classroom teachers typically led the latter to send them to the principal for disciplining, a measure which only served to further deteriorate the student-teacher relationship.

It was thus formulated that teachers, especially those with unusually large classroom sizes, needed to be highly skilled in hyperactivity management, an area that is typically neglected in teacher education programs. The problem identified to be addressed in this practicum was the teachers' lack of training and knowledge on the above-mentioned subject.

Solutions which had been previously attempted, such as parent conferences and a variety of disciplinary measures seemed to have failed in the control of these students' behavior. Teachers also reported inappropriate use of classroom behavioral management techniques, and lack of awareness and knowledge regarding the needs of hyperactive children.

Evidence of the Problem

The instrument employed to substantiate the problem consisted of a needs assessment questionnaire and teachers' referral form (Appendix A), both of which were completed by the teachers in grades 1 through 8. The purpose of the first instrument was to

determine knowledge on the subject of hyperactivity, awareness regarding the needs of hyperactive children, and teacher's mastery of behavioral management techniques. Overall data indicated a strong need for training and a desire for information on various topics relating to hyperactivity. Referral forms submitted to Pupil Services were monitored for a three-month period from September to December 1984. During this time, it was noted that 23 referrals were submitted, and that out of these, nine or approximately 40 percent, related to behavior management problems with children who were described as hyperactive or overactive.

More specifically, results of the needs assessment conducted were as follows, with a total of 16 teachers responding to the questionnaire:

	Responded Yes
Would like to know about the causes and treatment of hyperactivity	16
The management of hyperactive children is a recurrent issue in my career as a teacher	10
Teacher preparation programs do not	

	Responded Yes
sufficiently address the management of specific problems such as hyperactivity	12
Would like to increase skills in the area of behavioral management	15
Hyperactive-overactive children contribute to teacher stress	14
Classroom behavior problems engage teacher time in tasks other than learning and/or teaching activities	15
Interested in attending workshops on hyperactivity management	12
Topics of interest to be covered:	
classroom management	12
treatment approaches	10
indicators of hyperactivity	8
differences active/hyperactive	10
drug treatment	11

Review of the Literature

The review of the literature fails to yield specific information regarding the training of teachers in the area of hyperactivity management.

However, several efforts have been made to train teachers in the identification of hyperactive children (Bosco and Robin, 1976).

It is significant to note that teachers are the ones most frequently consulted by parents and doctors to judge whether the child is hyperactive in school. In general, they are able to accurately discriminate between hyperactive children and those with high activity levels (Buchan, Swap and Swap, 1977). There is evidence, however, which indicates that teachers tend to reject children who display hyperactive behaviors in the classroom (Silverman, 1969, 1971). The source of this rejection appears to stem from the disruptiveness of such behaviors on teacher's academic plan and general behavioral expectations of students.

Traditional treatment of children who are identified and diagnosed as hyperactive has involved the use of stimulant drugs. Past research (Sroupe and Stewart, 1973), however, indicates that drug therapy often has dramatic effects that are only short term in diminishing hyperactive behavior in social and academic areas. In addition, Safer and Allen (1973) found that drug therapy suppresses the growth, both in weight and height of some hyperkinetic children

bringing an element of risk into such treatment. Most recently, Shaywitz and Shaywitz (1984) propose a combination of behavioral and drug treatment in achieving long term effects in diminishing hyperactive behavior.

Educational alternatives for the management of hyperactive children includes behavior management programs which have been found to be highly effective in developing responsible behaviors on the part of the students, while diminishing teachers' need to discipline (Batch, 1978). The successful use of reinforcement techniques with hyperactive children has also been substantiated by Ayllon, Sayman and Kondel (1975), who found that hyperactive children react to reinforcement as normal children do and thus it can be used to engage hyperactive children in fruitful learning experiences in the classroom. More recently, Rapport, Murphy, and Bailey (1982) found that the use of reinforcement is an appropriate method to raise the level of on-task behavior and improve academic performance. Behavioral techniques have also been found to promote a more positive relationship between teachers and students (Sewin, Nelson and Tollefson, 1983).

Finally, the literature points out the need for parents, teachers and counselors to work together in implementing behavioral programs. A Home-school behavior management program emphasizing communication among the two settings was found to have merit (Pelhan, Rosenbaum and Price, 1976). After instituting a cooperative home-school behavior management program, a sharp decrease in problem behavior occurred after treatment. In summary, while some literature emphasizes the use of behavioral techniques for the management of the hyperactive child as an alternative or in conjunction with drug treatment, most of the reviewed sources indicated that behavioral techniques can be effectively applied with hyperactive children and that such programs can be jointly designed by parent, teachers and school personnel.

Chapter III

Anticipated Outcomes and Evaluation Instruments

General Goals

This practicum was designed to help teachers manage hyperactive children more effectively in their classrooms. The solution to the presented problem was to be addressed via a series of six in-service training workshops for teachers.

It was projected that teachers would meet the following general goals through the implementation of this practicum:

1. Increase teachers' knowledge about hyperactivity in terms of medical, behavioral and/or psychological characteristics.

2. Instruct teachers in how to implement appropriate behavioral management techniques in their classrooms as well as be able to establish a home-school behavioral management program.

3. Increase teachers' feelings of competence in the management of hyperactive children.

4. Reduce the need for individual consultation regarding the management of hyperactive children.

Terminal Performance Objectives

The terminal performance objectives of this practicum were as follows:

Expected Behavior	Assessment Instruments	Standard of Performance
1. Teachers will demonstrate knowledge about hyperactivity in terms of medical and behavioral/ psychological characteristics.	self-developed instrument Part I (See Appendix B)	100 percent of the teachers will accurately answer 80 percent of the questionnaire
2. Teachers will demonstrate knowledge in applying behavior management techniques in the classroom.	self developed instrument Part II (See Appendix B)	100 percent of the teachers will accurately answer 80 percent of the questionnaire
3. Teachers will report increased feelings of	self-developed instrument Part III (See	75 percent of the teachers will respond positively

of competence regarding the management of hyperactive children.	Appendix B)	to evaluation of this variable. (See evaluation instrument Part III Items 4 & 5)
4. Teachers will rate the workshop as "very helpful" in creasing awareness about the management of hyperactive children.	self-developed instrument Part III (See Appendix B)	75 percent of the teachers will rate the workshop as "very helpful"
5. Teachers will give positive feedback regarding the workshop.	self-developed instrument Part III (See Appendix B)	100 percent of the teachers will respond in a positive direction to 80 percent of the items on evaluation instrument Part III

Written instruments to measure the above stated terminal performance objectives were administered at the end of workshops 2, 4, and 6. In addition, verbal

feedback and audience's needs were polled at the end of each session in order to maintain interest and participation.

Evaluation Instruments

The evaluation instrument used in this practicum was developed by the author. The instrument was divided into three parts consisting of 10, 12 and 15 items respectively. Parts I and II addressed knowledge and skills in the areas of hyperactivity and behavioral management. Part III was specifically designed to tap changes in teachers' feelings regarding the management of hyperactive children, overall satisfaction with the workshop and five items relating to presented material. Part I used a matching format, Part II used a one or two-word fill-in the blank to reinforce the development of new terminology and concepts and Part III was designed in a likert-type format to assess the degree of change obtained in teacher's feelings and overall success of the workshops. Each part of the instrument was administered separately. Part I was administered at the conclusion of workshop 2, Part II at the end of workshop 4, and Part III at the closing of the last workshop. The rationale for this procedure was to

provide closure, and increase teachers' feelings of accomplishments at the conclusion of each of the topics to be covered.

Teachers' responses were tabulated for each item and compared against each of the standards of performance outlined in Section B of this Chapter. Total number of responses were presented in a table format in Chapter V.

Chapter IV

Solution Strategy

A variety of solutions have been implemented in an effort to make hyperkinetic children more manageable and thus more receptive to learning. Some of the interventions used with these children have included the adjustment of attention via reward systems medication, social modeling, therapy, environmental adjustment, relaxation, impulse control and parent training.

The use of reinforcement techniques in the treatment of hyperkinesis has been well documented throughout the years (Allen et. al., 1967; Hewett, 1968; Twardosz and Sajwaj, 1972; Mitchell and Crowell, 1973; O'Leary, 1967, 1969, 1971, 1972; Ayllon et. al., 1975; Sewin, 1983; and Abikoff and Gittelman, 1984). Many of these authors have attested to the effectiveness of these techniques in obtaining short and long term effects in treating hyperactivity. Social modeling has also been used with some degree of success by Kagan (1966), Meichenbaum (1971) and Meichenbaum and Goodman (1971).

Environmental structuring on the development of learning sites with minimal distractions for

hyperkinetic children has been proposed by Strauss (1947), 1955) and later developed by Cruickshank (1961); Strauss and Kephart (1955); Bower and Mercer (1975); Glennon and Nason (1974); and Cratty (1975). The value of this approach is corroborated today by its continued use especially by teachers.

Self-instructional techniques where children are taught to focus their attention on tasks and thereby gain internal control over interfering hyperactive behaviors have been documented by Burns (1972); Palkes, Stewart and Freedman (1972); Palkes, Stewart and Kahana (1968); and Meichenbaum (1971). These authors indicate that children often report increased feelings of confidence and satisfaction in being able to act in a more self-directed manner.

The use of relaxation and impulse control training has been reported with success by Cratty (1974, 1975), who worked with groups of hyperkinetic children in the L.A. Catholic District.

Insight and play therapy have been minimally used in the treatment of hyperkinesis (Brundage-Aguar, Forehand and Ciminero, 1976), however, some success and promise are suggested by some. (Eisenberg et. al., 1961; O'Malley and Eisenberg, 1973; and Cratty, 1975).

Medication and drug therapy have been one of the most frequently used treatment modalities in dealing with hyperactive children (Cole, 1975; Feinberg et. al., 1974; Grinspoon and Singer, 1973; Bosco et. al., 1976; and Shaywitz et. al., 1984). Psychostimulants such as Ritalin, Benzedrine, Dexedrine, and Cylert are the most frequently used. Generally, drug treatment brings about short term, rapid changes in behavior (Sroufe, 1973), however, the use of medication alone has been highly controversial because of legal and ethical issues (Bosco et. al., 1976). Side effects are reported by Safer et. al. (1973), among others, who indicate that growth has been suppressed in children who are medicated.

All of the before mentioned strategies have been found to have some merit in the treatment of hyperkinesis. A school setting, however, is more interested in developing a multi-modal approach that controls hyperactivity with the ultimate goal of helping children learn and alleviating teacher stress.

Description of Action Taken

The most appropriate solution for the setting at hand seemed to be a series of six workshops designed to increase teacher awareness and expertise on

hyperactivity and the management of these children in a classroom setting. Since St. Kevin School regularly conducted bi-monthly teacher training workshops, the in-service training mode was deemed as the most natural approach to be used in this setting.

Whereas the teachers had been exposed to a variety of topics and one to one consultation regarding hyperactive children, a workshop series on the topic of hyperactivity management had never been implemented. Each workshop was three hours long and presented to the teachers as an experience that would give them tools to make their job easier in the classroom.

Description of Workshops

Workshop I

The purpose of the first workshop was to get acquainted and present the topic of hyperactivity, its physiological and psychological causes, and behavioral indicators.

Workshop II

The topic was problems faced by the hyperactive child in his home, school and social environment. This information was crucial to the development of empathy and effectiveness on the part of the teachers

to assess the children's needs at various levels of functioning.

Workshops III and IV

These two workshops focused on developing behavioral management skills. Topics such as defining and describing behavior, setting goals, behavioral contracts, and techniques for strengthening and weakening behavior were presented. Skill building was part of the workshop by involving the teachers with hypothetical cases.

Workshop V

This session addressed the importance of involving the family in behavioral management to insure follow-up and generalization of behaviors. The roles of teachers,parents, pediatricians and counselors/school pshychologists was outlined and a format for establishing and coordinating communication was also discussed.

Workshop VI

The last workshop focused on reinforcing the new skills by discussing a real case study provided by the teachers. Group participation encouraged and included steps for assessment, management evaluation and coordination of services for the case.

Calendar of Activities

The bi-monthly series of workshops were scheduled to start in the month of January and to continue through the end of March. The sessions took place on the first and third Friday of the month after early dismissal of the student body at noon when the entire faculty regularly attended in-service sessions in the school library.

The administration of the school assisted the author in establishing the need for this type of training through a needs assessment and fully supported the implementation of the workshops.

Relevant reading materials were provided by the author at each of the sessions.

Chapter V

Results, Conclusions and Recommendations

Overall results of the data suggests that all the objectives outlined in Chapter III were met to varying degrees. Teachers' responses indicated increased knowledge, awareness and skills in managing hyperactive children, while the workshops were viewed positively and rated as "very helpful" by an overwhelming number of participants.

A detailed evaluation of the degree to which each terminal performance objective was met is indicated in the data presented below:

Terminal Performance Objective #1

One hundred percent of the teachers will demonstrate knowledge about hyperactivity in terms of medical, behavioral and psychological characteristics by answering correctly to 80 percent of the items on evaluation questionnaire Part I.

While more than 50 percent of the teachers surpassed this objective by achieving 100 percent accuracy on the questionnaire, two out of 21 teachers achieved at the 70 percent level. The large number of teachers obtaining perfect scores may indicate that factors such as motivation and interest on the topic

may have lowered the scores of the low-achieving teachers.

Terminal Performance Objective #2

One hundred percent of the teachers will demonstrate knowledge in applying behavioral management techniques in the classroom by answering accurately to 80 percent of items contained in the evaluation questionnaire Part II.

For this objective, 90 percent of the teachers were able to achieve at least 80 percent accuracy and more than half obtained higher levels, however, two out of 16 teachers performed below the expected 80 percent mark.

Terminal Performance Objective #3

Seventy-five percent of the teachers will report increased feelings of competence regarding the management of hyperactive children by responding positively to items relating to this objective on evaluation questionnaire Part III.

An analysis of teacher responses to items four and five on evaluation questionnaire Part III indicates that results exceeded those formulated by the author. Eighty percent of the teachers agreed or strongly

agreed to the following items:

4. I feel I have acquired valuable skills in the assessment and management of hyperactive children.
5. I feel better equipped in handling hyperactive students.

Terminal Performance Objective #4

Seventy-five percent of the teachers will rate the workshop as "very helpful" in increasing awareness about the management of hyperactive children by answering positively to items relating to this objective on evaluation questionnaire Part III.

A survey of teacher responses indicates that 90 percent of the teachers rated the workshop as very helpful in increasing awareness about the management of hyperactive children. These results indicate that the informational aspect of the in-service training program was achieved to an even greater degree than anticipated.

Terminal Performance Objective #5

One hundred percent of the teachers will give positive feedback regarding the workshop by responding positively to 80 percent of the items relating to this objective on evaluation questionnaire Part III.

Examination of results indicate that this

objective was accomplished for 90 percent of the teachers. Again, 20 percent or two out of 18 participating teachers achieved below the expected 80 percent.

Of the five terminal performance objectives stated for this practicum, numbers 1, 2 and 5 were not met as stipulated by the author; objectives 3 and 4, however, were met and surpassed the expected performance. Results of the data collected in this practicum, however, strongly suggests that the in-service training model that was designed to increase teachers' knowledge, awareness and skills in the area of hyperactivity management was highly successful in promoting change in the desired direction.

The implications of this practicum clearly indicate that teachers' skills and perceived level of competence can be positively changed when training opportunities are made available.

Table 1

Teacher Responses to Items Relating to Terminal Performance Objectives 3, 4 and 5

0-Not applicable 2-Disagree 4-Agree
1-Strongly disagree 3-Uncertain 5-Strongly agree

	No. of Teachers Responding					
	0	1	2	3	4	5
Terminal Performance Objective #3:						
4. I feel I have acquired valuable skills in the assessment and management of hyperactive children.	1			1	13	3
5. I feel better equipped in handling hyperactive students.			1	2	12	3
Terminal Performance Objective #4:						
6. These workshops were very helpful in increasing my awareness about the management of hyperactive children.				1	14	3
Terminal Performance Objective #5:						
1. The workshops were well planned and organized.				1	10	7
2. If scheduled, I would attend future activities of this nature.			1	2	11	4
3. I have personally and professionally frown because of this experience.			1	1	13	3
7. I feel other teachers would benefit from attending these workshops.				2	12	4
8. I feel the workshops specifically addressed my needs as a teacher.				5	11	2
9. I would recommend these workshops to other fellow professionals.			1		15	2
10. I would like to see significant changes in the structure and content of the workshops.	1	1	10	3	3	

(See Appendix C)

Some unanticipated outcomes included:

1. After the first two sessions teachers reported using learned skills to a greater degree than anticipated by their apparent level of motivation and participation during the workshops.

2. Some teachers reported that the administration did not provide adequate support in terms of free time to consult monitor and follow up cases. This pointed to a need to clarify goals and expectations with administrative personnel to insure appropriate support so that new skills may be incorporated into the operating style of the organization. Unless this is done, training may appear irrelevant and/or unrealistic to the teachers and thus discarded.

3. A significant number of participating teachers were uncertain as to the relevance of the workshop content to their needs, as a teacher (see Table 1, Item 8) indicating that how teachers perceive their role may possibly limit their acquisition of new skills and/or see the applicability of these to their jobs.

Recommendations:

1. A similar in-service program should be structured as a one or two-day training in order to promote motivation and obtain the teachers' attention

and involvement. Because the selected teachers work in a demanding environment with very tight time schedules, it was felt that the workshops were perceived as an added demand. This resulted in teacher resistance and poor motivation initially. Structuring the workshop in one day as a professional development activity may have more appeal and motivate interest. A second reason for this change is that through a more intense, shorter training, teachers could walk away with new skills that could be put to use immediately in their work setting. This would also promote interest and involvement as the participating teachers had to wait until the third and fourth workshop before skills were actually presented.

2. Necessary administrative support should be discussed and created prior to training to maximize its benefits through follow-up implementation of learned skills. Administrative personnel should be encouraged to attend so that they can become sensitive to the issues and needs facing the teachers.

3. If the training is done in one or two days, a follow-up session can be scheduled for half a day with the purpose of actual case discussion as well as problems faced by teachers while implementing the new ideas.

Dissemination of this program and its results will be presented to School Psychologists in the North Central Area of Dade County Public Schools. These Psychologists who serve as consultants can use these ideas and material presented in this practicum to conduct similar training for teachers in their respective schools.

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APPENDIX A

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CONSULTATION REFERRAL FORM
PUPIL SERVICES DEPARTMENT
ST. KEVIN CATHOLIC SCHOOL

STUDENT'S NAME:_____ DATE OF REFERRAL:_____

GRADE:_____

DATE OF BIRTH:_____

AGE:_____

REFERRING TEACHER(S):_____

_____

REASON FOR REFERRAL: (PLEASE BE SPECIFIC)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX B

NEEDS ASSESSMENT
PUPIL SERVICES
ST. KEVIN SCHOOL

Please indicate your agreement or disagreement to the statements below by answering Yes or No in the space provided.

1. I would like to know about the causes and treatment of hyperactivity. _____

2. I feel the management of hyperactive children in the classroom is a recurrent issue in my career as a teacher. _____

3. Teacher preparation programs do not sufficiently address the management of specific problems such as hyperactivity. _____

4. I would like to increase my skills in the area of behavioral management. _____

5. In my opinion, hyperactive and/or overactive children contribute to teacher stress. _____

6. Classroom behavior problems engage teacher time in tasks that would be better invested in learning or teaching activities. _____

7. I would be interested in attending workshops designed for teachers and professionals on the topic of hyperactivity management. _____

8. Some things I would like to know on the topic of hyperactivity are: (Please check your areas of interest) _____

- classroom management _____
- treatment approaches _____
- indicators of hyperactivity _____
- learning the difference between active and hyperactive children _____
- Drug treatment (What it is, advantages and disadvantages) _____

Other: _____

_____

_____

APPENDIX C

EVALUATION INSTRUMENT PART I

Match the following items by inserting the corresponding letter in the space provided.

____ Hyperactivity definition

____ Medical model

____ Psychological model

____ Pre-natal Indicators of Hyperactivity

____ DSM III Attention Deficit Disorder with Hyperactivity

____ Psychologically based Hyperactivity

____ Medication

____ Treatment approach

____ Parents of Hyperactive children

____ Problem of Hyperactive Child

a. rejected by others, poor self-concept.

b. 314.01 - DSM criteria

c. Ritalin and Cylert

d. emphasizes neurological and biochemical causes

e. distractability, short attention span, restlessness, frequent changes in activity, disruptiveness, aggression and non-compliance.

f. sees the child as affected by his/her environment, parents, teachers and significant others.

g. behavioral management

h. feelings of helplessness and inadequacy

i. siblings often exhibit similar behavior patterns or indications of other emotional problems.

j. hiccups and very strong fetal movements

k. reinforcement

ASSESSMENT INSTRUMENT

PART II

Please respond to the following items by filling in the appropriate concept on term.

1. What, When, with Whom and how much are appropriate questions during the _____ phase of establishing a behavioral management program.

2. The process of sorting out and choosing a particular behavior to be changed is called _____.

3. _____ must be arranged or re-arranged in order to bring behavioral change in the desired direction.

4. One excellent way to establish possible reinforcers is to _____ the child.

5. One way to insure success and diminish frustration in the child and the teacher is to make use of the process of _____ _____ when establishing new behaviors.

6. One of the major pitfalls of behavioral management is the failure to establish adequate _____.

7. A _____ _____ is an instrument that specifically describes the _____, the desired _____ and the exact _____ that will follow that behavior.

8. The main purpose of using a behavioral contract is that change can be _____.

9. _____ refer to those conditions under which a behavior is expected to occur.

10. To establish a very new behavior it is best to reinforce (How often?) _____.

11. In order to promote behavior that persists it is best to use _____ reinforcement.

12. It is advisable to change _____ of reinforcement in the process of developing a particular behavior.

EVALUATION INSTRUMENT

PART III

Workshop Evaluation

0- Not applicable 2- Disagree 4- Agree
1- Strongly disagree 3- Uncertain 5- Strongly agree

1. The workshops were well planned and organized _____

2. If scheduled, I would attend future activities of this nature. _____

3. I have personally and professionally grown because of this experience. _____

4. I feel I have acquired valuable skills in the assessment and management of hyperactive children. _____

5. I feel better equipped in handling hyperactive students. _____

6. These workshops were very helpful in increasing my awareness about the management of hyperactive children. _____

7. I feel other teachers would benefit from attending these workshops. _____

8. I feel the workshops specifically addressed my needs as a teacher. _____

9. I would recommend these workshops to other fellow professionals. _____

10. I would like to see significant changes in the structure and content of the workshops. _____

Comments: _____

_____

_____

_____

CONTINUATION OF EVALUATION INSTRUMENT - PART III

Please read the below listed statements and indicate whether they are true or false by marking a T or F in the designated space.

1. Among pediatricians, counselors neurologists and other professionals working with hyperactive children, teachers are the ones who most frequently identify and contribute to the diagnosis of such children. _____

2. Teachers are usually the first ones to provide crisis counseling for parents of hyperactive children. _____

3. Networking refers to teachers supporting each other in an effort to adequately control hyperactivity in the classroom. _____

4. Teachers may use counselors and psychologists as resources to help them plan treatment interventions for hyperactive children. _____

5. Teacher's role is limited to helping hyperactive children learn _____